Appendix 1 - Specific Scenarios - Meet Inclusion Criteria for ASTR?

Questions from Designated Level I facilities: "I'm working on including the injury patients that meet the new criteria but were not initially treated as a trauma patient, I have a few questions. Following are various scenarios that I have seen a few times along with case examples. Could you clarify if the patients should be included?"

1. A patient presents with an injury but is admitted for medical reasons.
    a. Patient presented to the ED following a syncopal episode and subsequent fall. His injuries included a laceration and superficial contusions. He was admitted to explore medical causes of his syncope.

    Note: If patient was triaged as trauma by EMS or activated the trauma team you would submit this record to ASTR. Otherwise, do not include. The patient was admitted for non-injury reasons (exploration of syncope) not because of the laceration.

    b. Patient presented to the ED with complications from diabetes. In the course of the assessment, she mentioned that she had fallen down the stairs two days prior and x-rays revealed a fractured ankle. She was admitted for medical management of her diabetes.

    Note: If patient was triaged as trauma by EMS or activated the trauma team then you would submit to ASTR. Otherwise, do not include. The patient was admitted for non-injury reasons.

2. A pregnant patient is admitted following a minor injury to rule out preterm labor and/or placental abruption.
    a. Patient presented to the ED after falling. She was 31 weeks pregnant. She was experiencing mild contractions and was admitted and then released one day later. The only injury code documented by medical coding is 959.9 (other/unspecified injury to unspecified site).

    Note: Assuming this patient was not triaged by EMS as a trauma patient and did not activate the trauma team, this record would not be submitted to ASTR. Patient was admitted for monitoring of the pregnancy, not as a result of a diagnosed injury. If a pregnant patient is admitted as a result of an injury, the record would be submitted.

3. A patient is seen and released but is later admitted for worsening symptoms.
    a. 4 year old presented to the ED of another facility after falling off a horse. The CTH is read as negative and the child is sent home from the ED. After one day the child begins vomiting and is brought to the ED again. The CTH at our facility shows a questionable skull fracture and the child is admitted with "post-concussive syndrome" according to the admitting doctor.

    Note: Yes, this patient would be submitted to ASTR if patient was admitted as a result of a qualifying injury. Registrar should check the patient's final injury diagnoses (not just an admitting diagnosis) to see if patient was determined to have a skull fracture, concussion, etc.

    b. An infant was seen at another facility after a fall. X-rays at the other facility are negative; however, the child is admitted overnight for observation and released the following day. After a week at home, the parents were concerned about the continued swelling and came to our ED. The child is diagnosed with a skull fracture and admitted.

    Note: Yes, this patient would be submitted to ASTR. Patient was admitted to the hospital as a result of a head injury, and the injury code would meet the ICD-9 section of the inclusion criteria.

4. A patient delays seeking treatment.
    a. 5 year old was transferred from another ED for consultation with a hand surgeon after presenting with a dog bite. The bite occurred two days prior; however, no treatment was sought at that time. The child is admitted for surgery to clean out the wound, which has become infected.

    Note: This patient was admitted for infection and wound cleaning, not because the initial injury was serious enough to activate the trauma team or require admission for open wound repair. Do not submit to ASTR.

    However, a record would be submitted to ASTR if the patient suffers a dog bite and is triaged as a trauma patient by EMS, or the trauma team is activated, or the patient is admitted for surgery to repair a wound type that meets the ICD-9 criteria.

Questions regarding the fracture exclusions of criteria:

5. Could you help clarify "isolated…fracture" with a same level fall? Are tibia and fibula together counted as an "isolated fracture" as well as fractures of the radius and ulna together? What if a patient fractures two bones not in the same area (i.e., if he or she fractures both wrists when trying to prevent a fall) or if one bone has multiple fractures? I have also seen cases where patients have an isolated fracture and a laceration as the result of a fall. Would these patients be included since they don't only have an isolated fracture or other superficial injury?

   Exclusion Notes:
   - Keep in mind that the isolated fracture exclusions only apply if the injury resulted from a same level fall.
   - In addition, patients who are triaged as trauma by EMS or who activate the trauma team are submitted to ASTR regardless of the injuries sustained.
   - **Per TRUG discussion, for exclusion purposes it was determined that an "isolated fracture" means that the patient had only one fracture.** Thus, if a patient had more than one fracture of any kind, the exclusions do not apply.
   - If a patient had an isolated femoral neck OR distal extremity fracture due to a same level fall plus a superficial injury (ex: abrasion, contusion), the record would not be sent to ASTR. This patient only has one of the exclusions listed in 3C of the criteria.
   - Isolated femoral neck or distal extremity fractures plus an included ICD-9 injury would be submitted to ASTR (assuming the patient was admitted or died because of the injury). Note: Open wound lacerations do not fall under the ICD-9 "superficial injury" category for exclusion.

6. Should an isolated fracture be excluded if a PEDIATRIC patient is admitted but did not activate the trauma team? (child abuse cases)
   Note: Child abuse cases are not a result of a same level fall. These records should be submitted to ASTR.

Questions from Non-designated facilities:

1. I've now had this scenario twice in the last week and I'm not clear what to do with it. A patient was involved in a trauma, went to XXXX and was evaluated. They sent him per private ambulance to our ED for a CT scan to rule out a head injury. CT was positive for bilateral subdural hematomas and we ended up transferring the patient by air to XXXX where he was subsequently admitted. We did not do a trauma activation as the patient was referred with "low probability" of any serious problem, and he was not admitted to our facility, as we don't have neurosurgery. By definition, the EMS Triage doesn't really apply either. Does this patient even meet state criteria? If so, how?
   Note: The ASTR inclusion criteria guidelines have been reviewed by ADHS and further clarified. Interfacility transfer of injured patients (via EMS transport) should be reported to ASTR. The picklist for the "System Access (Inclusion Criteria)" field will be updated to reflect this clarification.

2. We have patients transferred from our hospital to a Level I Trauma Center as a trauma patient, but they came in by private vehicle, did not activate a trauma team and were only treated in our ED. How do these patients fit the inclusion criteria?
   Note: ASTR inclusion criteria guidelines have been reviewed by ADHS and further clarified. Interfacility transfer of injured patients (via EMS transport) should be reported to ASTR. The picklist for the "System Access (Inclusion Criteria)" field will be updated to reflect this clarification.
